



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
***Office of the Secretary of State***  
**CERTIFICATION OF PERMANENTLY DISABLED  
OR INCAPACITATED VOTER FOR AUTOMATIC  
APPLICATION FOR MAIL BALLOT**

TO THE BOARD OF CANVASSERS FOR THE CITY/TOWN OF \_\_\_\_\_

I. (Please fill in this section.)

I, \_\_\_\_\_, certify that I am a qualified voter of  
(Please print name)  
the City/Town of \_\_\_\_\_, and am indefinitely  
confined because of physical illness or infirmity or because I am disabled for an indefinite period.  
I request that a mail ballot application be sent to me automatically for every election hereafter to be conducted in said  
city/town.

II. (This section is optional - fill in only if you want to receive a mail ballot application for primaries.)

I further request that a mail ballot application be sent to me for each \_\_\_\_\_  
(Name of Party)  
Primary.

III. (Please fill in this section.)

My application is to be mailed to \_\_\_\_\_  
street address apartment #  
\_\_\_\_\_  
city/town state zip

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Voter

In \_\_\_\_\_ subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

**NOTICE TO DISABLED OR INCAPACITATED VOTER**

This certification entitles you to automatically receive a mail ballot application for every election held in your city or town.

The application will not be forwarded to any address other than the one stated above in your certification. It is your duty to notify the local board of canvassers that you are no longer indefinitely confined.